

Radiology Ltd. P.L.C., & RLC, LLC
HIPAA Restriction Revocation Form

Purpose: This form is used to revoke or confirm a previous restriction. You may revoke a previous restriction at any time by providing written notice to Crystal C. Atwell, HIPAA Privacy/Security Officer, Radiology Ltd., 677 N Wilmot Rd., Tucson, AZ 85711 or via email, crystal.atwell@radltd.com.

SECTION A: Individual Information

Identify the individual whose information was restricted.

Name: _____ Social Security Number: XXXX- _____

Address: _____ Date of Birth: _____

_____ Telephone Number: _____

SECTION B: Individual Statement

I revoke restriction for the use and/or disclosure of the protected health information described below. I understand that this revocation will not affect any previous restrictive action. A copy of the original restriction is attached:

Yes

No (complete section C.)

Radiology Ltd. Revokes the Restriction. Reason: _____

SECTION C: Description of Restriction (complete if restriction is not attached)

Date of Restriction: _____ The restriction to be revoked applies to the following Protected Health Information: Specific description of restricted information or non-disclosure: Example: "All information for the exam dated 03/10/2000 is not to be release to my spouse, Bob Smith".

SECTION D: Individual Signature

To be valid, this Restriction Revocation must be signed and dated by the individual listed in section A. If signed by a parent, guardian or power of attorney please include the name and relationship to the individual listed in section A.

I, _____, have read and understand the contents of this Restriction Revocation.

Signature: _____ Date: _____

Representative's Name: _____

Relationship to Individual: _____

Please contact the HIPAA Privacy/Security Officer at 520.545.1798 or toll free number 866-683-2199 with any questions.

KEEP A SIGNED COPY OF THIS FORM FOR YOUR RECORDS